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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

69653490

| CLAIMS AS FILED - PART I   |  |            |                                 |                 |             |   |                   |        | SMALL ENTITY |                        |         | OTHER THAN         |                        |
|--|--|------------|---------------------------------|-----------------|-------------|---|-------------------|--------|--------------|------------------------|---------|--------------------|------------------------|
| FOR  |  |            | (Column 1)  NUMBER FILED        |                 |             | (Column 2) NUMBER EXTRA                   |                   |        | TYPE         |                        | OR      | SMALL              | ENTITY                 |
|  |  |            |                                 |                 |             | TONDETT                                   |                   |        | RATE         | FEE                    |         | RATE               | FEE                    |
| BASIC FEE  |  |            |                                 |                 |             | <del></del>                               | , 3-              |        |              | 345.00                 | OR      | ÷.                 | 690.00                 |
| TOTAL CLAIMS   |  |            | 13 minus 20=                    |                 |             | *   |                   |        | X\$ 9=       |                        | OR      | X\$18=             |                        |
|  | EPENDENT CI                              |            | minus 3 =                       |                 |             | *   |                   |        | X39=         |                        | OR      | X78=               |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |            |                                 |                 |             |   |                   | +130=  |              | OR                     | +260=   |                    |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |            |                                 |                 |             |   |                   | TOTAL  | <u> </u><br> | OR                     | TOTAL   | 1000               |                        |
| CLAIMS AS AMENDED - PART II  |  |            |                                 |                 |             |   |                   |        | TOTAL        |                        | JOH     | OTHER              | THAN                   |
|  |  | (Coli      | umn 1)                          |                 |             | olumn 2)                                  | (Column 3)        | -      | SMALL        | ENTITY                 | OR      | SMALL              |                        |
| AMENDMENT A  |  | REM<br>AF  | AIMS<br>AINING<br>TER<br>IDMENT |                 | PR          | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  |        | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total                                    | *          |                                 | Minus           | **          |   | =                 |        | X\$ 9=       |                        | OR      | X\$18=             |                        |
| AME  | Independent                              | *          |                                 | Minus           | ***         |   | =                 |        | X39=         |                        | OR      | X78=               |                        |
|  | FIRST PRESE                              | NIAIIC     | ON OF MU                        | DETIPLE DEI     | PEND        | ENT CLAIM                                 |                   | ╹┞     | +130=        |                        |         | +260=              |                        |
|  |  |            |                                 |                 |             |   |                   | L      | TOTAL        |                        | OR      | TOTAL              |                        |
|  |  | (Cal       | u <u>m</u> n 1)                 |                 | <b>(</b> 0  | - t                                       | (0.1 6)           | А      | DDIT. FEE    |                        | OR ,    | ADDIT. FEE         |                        |
| ~  |  | CL         | AIMS                            |                 | F           | olumn 2)<br>IIGHEST                       | (Column 3)        |        |              | ADDI                   | 1 17    | · · · · · ·        |                        |
| AMENDMENT B  |  | AF         | AINING<br>TER<br>IDMENT         |                 | PR          | NUMBER<br>EVIOUSLY<br>AID FOR             | PRESENT<br>EXTRA  |        | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total                                    | *          |                                 | Minus           | **          | ·   | =                 |        | X\$ 9=       |                        | OR      | X\$18=             |                        |
|  | Independent * FIRST PRESENTATIO          |            | N 05 M                          | Minus           | ***         |   | =                 |        | X39=         |                        | OR      | X78=               |                        |
|  | FIRST PRESE                              | NIAIIC     | ON OF MC                        | LIIPLE DEI      | PENDI       | ENT CLAIM                                 |                   |        | +130=        |                        |         | +260=              |                        |
| ٠  |  |            |                                 |                 |             |   |                   | L      | TOTAL        |                        | OR      | TOTAL              |                        |
|  |  | (Calı      | ımın 4\                         |                 | <b>(</b> 0. | -1  | <b>(0.1</b> a)    | Αl     | DDIT. FEE    | <u></u>                | OR ,    | ADDIT. FEE         |                        |
|  |  | CL.        | umn 1)<br>AIMS                  |                 |             | olumn 2)<br>IIGHEST                       | (Column 3)        | _      |              |                        | F       |                    |                        |
| AMENDIMENT C   |  | AF         | AINING<br>TER<br>IDMENT         |                 | PRE         | IUMBER<br>EVIOUSLY<br>AID FOR             | PRESENT<br>EXTRA  |        | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total                                    | *          |                                 | Minus           | **          |   | =                 |        | X\$ 9=       |                        | OR      | X\$18=             |                        |
|  | Independent                              | *          |                                 | Minus           | ***         |   | =                 |        | X39=         |                        | -       |                    | <del></del>            |
| `_   | FIRST PRESE                              | NTATIC     | N OF ML                         | ILTIPLE DEF     | PEND        | ENT CLAIM                                 |                   |        | 709=         |                        | OR      | X78=               |                        |
| • }  | f the entry in colur                     | mn 1 is la | ess than th                     | e entry in colu | ımn 2 ı     | write "O" in cal                          | ump 3             |        | +130=        |                        | OR      | +260=              |                        |
| 1  | f the "Highest Nur<br>If the "Highest Nu | nber Pre   | viously Pa                      | id For" IN THI: | S SPAC      | CE is less that                           | 1 20. enter "20 " | A      | TOTAL DOTAL  |                        | OR A    | TOTAL<br>DDIT. FEE |                        |
| •  | The "Highest Num                         | ber Prev   | iously Paid                     | For" (Total or  | r Inden     | endent) is the                            | highest number    | r foun | d in the ann | ronriata hov           | in cole | ımn 1              |                        |